

Question & Answers

July, 2001

Q. How do you enter/ authorize hearing aides?

A. Hearing aides may only be authorized through the IFSP process. The hearing aides must be documented on the IFSP service page or change page that is signed by the parent. A Physician's script or signature on the service or change page must be present. Hearing Aides are data entered under Assistive Technology. Conventional Hearing Aids under \$600 each may be data entered without PA.

Q. Do ongoing service coordinators need a PA for interpreter services?

A. Yes. The ongoing service coordinator must request a Prior Authorization from the BCD consultant requesting the amount of time to be authorized, the name of the interpreter and the rate of reimbursement. Interpreter services will not be authorized as an ongoing service. Interpreter services may be authorized during times when procedural safeguards are being explained and during service planning.

Q. How long are the early intervention files to be kept.

A. All early intervention records must be kept for 5 years from discharge.

Q. If a child qualifies based on a 20% delay in one area, can other therapists be added if the delay for that area of development is 10%?

A. A child eligible for First Steps may receive services appropriate to the needs of the child as determined by the multidiscipline. There is not a specific degree of delay required, however, there must be a specific developmental concern, supported by documentation and team discussion. The delivery of service must also be in adherence with the providers license and code of ethics.

Q. Is a signature by a Nurse Practitioner acceptable on the Physician's signature page of the IFSP?

A. If a child's primary medical home is one in which a Nurse Practitioner is the primary medical provider, then the signature of the Nurse Practitioner would be appropriate.

Q. What sections of the IFSP should always be filled out in the presence of the parents and with parental and team input.

A. The SC may complete the demographic or personal identification information, such as name, address, DOB prior to the team meeting. The Service Coordinator should review the IFSP and process with the parents during intake and may leave with the parents the family needs assessment and the natural environments section. The family may chose to indicate their priorities and interests on those forms. That information and priorities may then be integrated into the development of the IFSP. Outcomes, strategies and information relating tot he child's development and progress MUST be completed with team input and with the presence and consent of the parents. Under NO circumstance may the SC complete any section of the IFSP without the involvement and consent of the family.

Q. When is it appropriate to utilize transportation services? Is there a cap on reimbursement?

- A. When the team determines that early intervention services cannot be satisfactorily achieved in the natural environment, and therefore, services will be provided in an off-site location, it is appropriate for the SC to discuss the need of the family relating to transportation. Reimbursement for transportation may only be authorized to those early intervention services provided in locations other than the natural environment and at a rate of 28 cents per mile. Mileage should be calculated to a local provider only. If an out of county provider is selected, the family may request a consideration of prior approval for full reimbursement, or reimbursement will be based on travel to a local provider.

- Q. Does AT have to be discussed on the IFSP? If a request is received but not on the IFSP, is SPOE to enter it anyway?
- A. All services authorized by First Steps must be linked to an outcome within the IFSP. Receiving a piece of Assistive Technology is NOT an outcome, rather a strategies that must relate to achievement of an outcome. The SPOE has the authority to return to the service coordinator paperwork that is not accurately completed.

- Q. What must be updated on the combined enrollment form annually?
- A. Annually, the ongoing service coordinator must update pages 1 – 3, section I and II, highlighting any change. Insurance and financial information must be verified annually. In addition, the service coordinator must ensure completion of financial case management, reciprocal consents, CRO releases, consent to proceed, consent to evaluate, physician's summary form and eligibility statement. All original documents must be submitted to the SPOE with the annual IFSP.

- Q. How do we complete the insurance form if the insurance is out of state but the PPO provider is in-state?
- A. Complete the form as you would an in-state provider.

- Q. Are providers who have offices in the same building as a Day Care or Play Group and see a child in that local – considered to be on-site or off-site?
- A. The service should be data entered and billed as an on-site service.

- Q. Should pages 2 – 11 of the annual IFSP have the effective date of the IFSP or the actual date of the IFSP meeting?
- A. The effective date should be listed on the IFSP. The actual date of the meeting should be reflected on the service date with the parent's signature.

- Q. When a child goes into foster care, who signs the IFSP?
- A. The parent or surrogate parent must sign the IFSP. A parent may be defined as the biological parent, or a relative with whom the child resides. A foster parent who has a long-term relationship with their foster child may also act in the capacity of a parent. The Caseworker at the Office of Family and Children may sign the IFSP as a team member however, a parent or surrogate parent's signature is needed.

If a child is also enrolled in CSHCS, the Caseworker must sign the IFSP in conjunction with the parent or surrogate parent.

- Q. How do we deal with a situation in which the parent does not want therapies in home or other settings in which the child routinely participates? Rather the parent is insisting that the service continue in a clinic.
- A. The development of the IFSP is a team process. Decisions relating to the location of service are to be based on team discussion. If the team cannot document an identified barrier for provision of service in the natural environment, or provide documentation that services have not been successful in the natural environment, the family may opt to go outside of the First Steps program for services in a clinic or on-site setting.
- Q. Do providers have to write clinical notes for each service/visit provided through First Steps?
- A. Providers are required through their provider agreement to maintain documentation to support the services in which they seek reimbursement. Refer to the provider agreement and the issue clarification relating to parent's signature on documentation for specific guidelines.
- Q. Do therapists have to provide reports to the parent?
- A. Best practice would guide the provider to share the report with the parent, explaining the content. This strategy could be written into the IFSP.
- Q. A family is receiving multiple services, however, due to stressful situation, they are only actively continuing PT. How long can the other services be on "hold" before they need to be discontinued from the IFSP?
- A. If the family does not wish to receive services for 30 days or more, the IFSP should be modified to remove the services in which the child is not receiving.
- Q. Who is to keep original notes? The Agency, SPOE or provider?
- A. The payee or provider agency may keep original clinical notes. The SPOE keeps the originals of forms, IFSP, written correspondence and consents generated through First Steps.
- Q. Will there be training. In SW Indiana?
- A. UTS does offer training in the different regions of Indiana. Events that will be offered statewide, are generally held in Indianapolis, which is central to the state. Local councils were offered the opportunity to apply for training grants to meet local needs. Check the UTS training calendar to identify training opportunities.
- Q. Should SCs and Intake Coordinators be using the new physician's signature page?
- A. Yes, the newest iteration of the physician's signature page should be used.
- Q. What do we do about providers who refer other providers from their agency or center to families?
- A. Providers may not recommend or refer families to other providers. If this is occurring, please remind the provider of their rights and all providers available. If the issue continues, contact your BCD consultant.

- Q. How long do families continue to receive notices of training after they are put on the UTS mailing list?
- A. Parents will remain on the mailing list unless they request to have their name removed.
- Q. When billing for IFSP time under Service Coordination, can we bill for the time preparing for the meeting or mailing the copies of the IFSP?
- A. Parent will remain on the mailing list unless they request to have their name removed.
- Q. When billing for IFSP time under Service Coordination, can we bill for the time preparing for the meeting or mailing the copies of the IFSP?
- A. No, the only billable time under IFSP development is the time spent face to face with the parent in the IFSP meeting.
- Q. If the family is not compliant with therapy and does not follow through with the recommendations of the therapist, may the therapist discontinue services?
- A. If the team has explained the importance of the services and their role in their child's development as well as their rights within the program, then the provider may choose to discontinue services with the child if they feel that ethically they are not benefiting the child. The family must receive a 10 day prior written notice explaining their rights, why the decision was made and who to contact if they have further questions.
- Q. Can a DT associate do assessment/evaluations?
- A. No. only specialty level providers may do evaluations or assessments. Associate level providers may participate in IFSP meeting.
- Q. Can the 10-day prior written notice be waived for the IFSP meeting?
- A. No.
- Q. Do we need a Dr's signature on a change page to add a service if the service was discussed at the IFSP? What if the IFSP reflects that an assessment is agreed upon in a particular discipline?
- A. Yes, a Physician's signature is needed any time a change page is completed that adds or increases a service. The Physician's signature may be submitted on the change page, or on an exact script that details the service change, intensity, frequency and duration.

Questions relating to the Family Support Fund

- Q. What will the family support fund pay for?
- A. Training related to the development of the child. The fund will not support educational materials, videos, toys or direct service.
- Q. How long does it take to get approved?

- A. The applications are reviewed and a response is written within 2 weeks. Families should apply at a minimum of 30 days prior to the event..
- Q. Do families have to pay for the training prior to getting reimbursed? And are there exceptions?
- A. Families must pay for the event prior to being reimbursed. There are no exceptions.
- Q. How do families get reimbursed?
- A. Once the family is approved for reimbursement, they attend the event, and submit the original receipt for reimbursement.
- Q. Is there a minimum or maximum amount of reimbursement?
- A. There is not a minimum, the maximum reimbursements are, \$250 per person per year and \$500 per family per grant year.
- Q. Can families get reimbursed for child care? And can the child care provider be a family member?
- A. Families can get reimbursed for child care. Family members that do not reside with the child may be reimbursed for the child care.
- Q. Can a family member with a child older than 3 apply for training funds?
- A. Yes, the training fund is supported by multiple sources, including the Department of Education.
- Q. Can a family apply for an event that has already occurred?
- A. No, the application must be submitted prior to the event.
- Q. Can a family get awarded funds for an out of state conference?
- A. Yes
- Q. Where can you get applications for the family support fund?
- A. In*Source has applications. You may call In*Source or print an application from the In*Source web page. The UTS partners will also have copies of the applications.

Provider Enrollment and Matrix Questions

- Q. Do service coordinators (or any provider) have to sign additional agreements with LPCCs concerning their duties as a provider? My matrix is being withheld until I sign a contract with the LPCC.
- A. The LPCC does NOT have the authority to withhold a matrix for an enrolled provider. LPCCs may have "best practice agreements" that outline local practice, such as transition, activities, however, this may not be used as a requirement in order to provide services or listed in a local matrix. Any local MOU or "best practice agreement" must be submitted to the BCD for approval. Breaches in the MOU may then be directed to the BCD consultant for review and possible intervention.

- Q. With the matrix web-site will each service coordinator need a laptop for presentation of the information?
- A. No. Service coordinators will need access to a computer and the Internet. If a SC does not have a personal computer, local libraries have Internet Access. SCs should have hard copies of individual matrix pages to share with families. SCs should check the web routinely to update the matrix pages and add new providers.
- Q. Is PDA/CRO trying to put all providers on an annual re-credential date?
- A. No. Re-credential or submission of continued education is annual, based on the original credential date.
- Q. When providers change their payee or ID#, authorizations must be canceled by the SPOE? Are change pages required to be submitted to facilitate the entry of the new authorization?
- A. If the actual provider including the payee does NOT change, (ex Provider agency changes their legal name) a change page is not required. The SPOE must be notified of the change and current authorizations. The original auth. will be terminated and a new auth. with the same provider and provider agency with the new name or ID number will be entered. If the individual provider or provider agency changes, the parent **must** be provided with their rights, the matrix for provider selection and sign a completed change page. These activities are to be completed by the Service Coordinator, unless the provider change is the Service Coordinator at which time, the activities would be conducted by the SPOE. Refer to the Issue Clarification addressing the issue of provider change for more information.

Assistive Technology Questions

- Q. Should latex tubing be considered Assistive Technology?
- A. No.
- Q. Who should obtain the HCPC number for assistive technology?
- A. The therapy ordering the equipment should provide the HCPC number.
- Q. Does the SPOE need the HCPC code for data entry?
- A. Yes, the SPOE must be provided with the HCPC code, the cost and general description of the equipment.
- Q. How long does it take to get prior authorization from the Bureau of Child Development on a piece of equipment?
- A. If a Service Coordinator has not received a response within 10 business days from submission of a PA request, the SC should contact the Bureau consultant.
- Q. Are pieces of equipment that can be ordered over the counter, such as a highchair, CD player, large balls...considered AT?
- A. No. Items such as these that are or could be typically used by children are NOT considered Assistive Technology. The FS program could possibly support modification to everyday equipment. For example, FS could pay for a wedge or

seating modification to the child's highchair if positioning is part of a strategy listed in the IFSP.

Financial Case Management / Insurance Questions

- Q.** Who should complete financial case management (FCM)?
- A.** At intake, the intake coordinator should begin discussion of financial case management. The intake coordinator should begin gathering insurance information and completing the insurance forms. Due to the short amount of time prior to the development of the IFSP, it is unlikely that the intake coordinator will be able to complete all aspects of FCM. The intake coordinator has an obligation to share with the ongoing service coordinator what information continues to be outstanding and at what activities need to be complete. These activities should be written into the IFSP as strategies for the ongoing service coordinator. It is then the ongoing service coordinator job to complete FCM with the family and to ensure that the completed forms are submitted for filing at the SPOE.
- Q.** Do we need to submit the combined enrollment form to PDA if the child does not have insurance or has only Hoosier Healthwise? If so, do we resubmit annually?
- A.** Yes, see the issue clarification regarding FCM
- Q.** How long is the consent to access insurance valid, and do we have to get it resigned annually?
- A.** Consents are valid for the term written into the consent or a maximum of 1 year. Therefore, it is required that the SC get the insurance consent signed annually.
- Q.** Do we have to get a reciprocal consent signed with the insurance company?
- A.** If the SC will be talking directly with the insurance company regarding child/family specific issues, then a release should be signed.
- Q.** Do families need to consent to access of insurance prior to initiating services?
- A.** No, services may begin after the IFSP is completed. The IFSP should however, include specific strategies to complete Financial Case Management